

NEWCARE, INC

P.O. BOX 460

CRIVITZ 54114 Phone:(715) 854-2717

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 64

Total Licensed Bed Capacity (12/31/02): 64

Number of Residents on 12/31/02: 63

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

Yes

63

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No						1 - 4 Years		31.7
Supp. Home Care-Personal Care	No						More Than 4 Years		44.4
Supp. Home Care-Household Services	No		Developmental Disabilities	1.6	Under 65	3.2			23.8
Day Services	No		Mental Illness (Org./Psy)	38.1	65 - 74	3.2			-----
Respite Care	Yes		Mental Illness (Other)	3.2	75 - 84	31.7			100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	55.6	*****		
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	Full-Time Equivalent		
Congregate Meals	No		Cancer	3.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes		Fractures	3.2		100.0	(12/31/02)		
Other Meals	No		Cardiovascular	17.5	65 & Over	96.8	-----		
Transportation	Yes		Cerebrovascular	11.1		-----	RNs		9.2
Referral Service	No		Diabetes	0.0	Sex	%	LPNs		7.7
Other Services	Yes		Respiratory	1.6	-----	-----	Nursing Assistants,		
Provide Day Programming for			Other Medical Conditions	20.6	Male	28.6	Aides, & Orderlies		
Mentally Ill	No			-----	Female	71.4			
Provide Day Programming for				100.0		-----			
Developmentally Disabled	No					100.0			

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## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	266	42	97.7	115	0	0.0	0	15	100.0	147	0	0.0	0	0	0.0	0	62	98.4
Intermediate	---	---	---	1	2.3	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		43	100.0		0	0.0		15	100.0		0	0.0		0	0.0		63	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health	21.6	Bathing		1.6	66.7		31.7		63
Private Home/With Home Health	0.0	Dressing		14.3	44.4		41.3		63
Other Nursing Homes	17.6	Transferring		22.2	44.4		33.3		63
Acute Care Hospitals	52.9	Toilet Use		15.9	73.0		11.1		63
Psych. Hosp.-MR/DD Facilities	0.0	Eating		66.7	7.9		25.4		63
Rehabilitation Hospitals	0.0	*****							
Other Locations	7.8	Continence			% Special Treatments				%
Total Number of Admissions	51	Indwelling Or External Catheter			4.8		Receiving Respiratory Care		6.3
Percent Discharges To:		Occ/Freq. Incontinent of Bladder			50.8		Receiving Tracheostomy Care		0.0
Private Home/No Home Health	19.6	Occ/Freq. Incontinent of Bowel			44.4		Receiving Suctioning		0.0
Private Home/With Home Health	13.7						Receiving Ostomy Care		3.2
Other Nursing Homes	3.9	Mobility					Receiving Tube Feeding		1.6
Acute Care Hospitals	9.8	Physically Restrained			9.5		Receiving Mechanically Altered Diets		41.3
Psych. Hosp.-MR/DD Facilities	2.0								
Rehabilitation Hospitals	0.0	Skin Care					Other Resident Characteristics		
Other Locations	5.9	With Pressure Sores			4.8		Have Advance Directives		96.8
Deaths	45.1	With Rashes			0.0		Medications		
Total Number of Discharges							Receiving Psychoactive Drugs		73.0
(Including Deaths)	51	*****							
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities									
*****									
		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	% Ratio		% Ratio		% Ratio		% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		98.4	85.1	1.16	88.5	1.11	86.7	1.14	85.1 1.16
Current Residents from In-County		85.7	75.4	1.14	72.5	1.18	69.3	1.24	76.6 1.12
Admissions from In-County, Still Residing		31.4	20.1	1.56	19.5	1.61	22.5	1.40	20.3 1.54
Admissions/Average Daily Census		81.0	138.3	0.59	125.4	0.65	102.9	0.79	133.4 0.61
Discharges/Average Daily Census		81.0	139.7	0.58	127.2	0.64	105.2	0.77	135.3 0.60
Discharges To Private Residence/Average Daily Census		27.0	57.6	0.47	50.7	0.53	40.9	0.66	56.6 0.48
Residents Receiving Skilled Care		98.4	94.3	1.04	92.9	1.06	91.6	1.07	86.3 1.14
Residents Aged 65 and Older		96.8	95.0	1.02	94.8	1.02	93.6	1.03	87.7 1.10
Title 19 (Medicaid) Funded Residents		68.3	64.9	1.05	66.8	1.02	69.0	0.99	67.5 1.01
Private Pay Funded Residents		23.8	20.4	1.17	22.7	1.05	21.2	1.12	21.0 1.13
Developmentally Disabled Residents		1.6	0.8	2.00	0.6	2.56	0.6	2.80	7.1 0.22
Mentally Ill Residents		41.3	30.3	1.36	36.5	1.13	37.8	1.09	33.3 1.24
General Medical Service Residents		20.6	23.6	0.88	21.6	0.96	22.3	0.92	20.5 1.01
Impaired ADL (Mean)		52.4	48.6	1.08	48.0	1.09	47.5	1.10	49.3 1.06
Psychological Problems		73.0	55.2	1.32	59.4	1.23	56.9	1.28	54.0 1.35
Nursing Care Required (Mean)		7.1	6.6	1.08	6.3	1.14	6.8	1.05	7.2 0.99